

MONTANA CHEMICAL DEPENDENCY CENTER

POLICY AND PROCEDURE MANUAL

Policy Subject: Evaluation and Treatment of Pediculosis	
Policy Number: ICP 08	Standards/Statutes: ARM 37.27.121.130
Effective Date: 01/01/02	Page 1 of 4

PURPOSE:

To promptly diagnose and treat a patient that presents with pediculosis.

POLICY:

Because of the infectious nature of pediculosis, a patient that presents with a skin rash, especially if it is accompanied by itching, needs to be evaluated by the medical/nursing staff for accurate diagnosis.

EXPLANATION OF PEDICULOSIS:

Human pediculosis can occur wherever there are people. They are parasites, living on man, thriving on the blood they extract from their victims for sustenance. Three varieties of pediculi attack man. These include Pediculosis capitis (head lice), Pediculosis pubis (crab lice), and Pediculosis corporis (scabies).

Head lice and scabies may be acquired by personal contact or by putting on infested clothing. Head lice, the most common form of louse infestation, may also be acquired by contact with upholstered chairs and the use of infested combs or brushes. Crab lice are spread chiefly by sexual contact, but occasional can be spread by close personal contact, sharing of towels, towels, bedding, and other forms of clothes, or by the toilet seat. No one is immune but for some reason African Americans are relatively resistant to louse infestation.

The ova or nits are oval in shape, grayish white in color and are seen as tiny pinhead specks. The nits are laid within 24 to 48 hours after mating, incubate by the heat of the body, and hatch in about eight days. In head lice, the nits are found in the scalp, chiefly above the ears and in the occipital region, usually one-quarter inch or so from the scalp. Individuals with long hair are more susceptible to infestation. With crab lice, the nit may be found in the pubic and anal regions, but may also involve the eyelashes, beard, mustache, axillary and other body hairs.

With scabies, the louse generally lives in clothing and bedding, lays eggs along the seams of clothing and only visits the human host long enough to feed. Its nits attach firmly to the fibers of the clothing and hatch out after being incubated by the body warmth when the clothing is worn.

The chief symptom with any form of pediculosis is intense itching. Secondary bacteria infections and eczema can complicate infestations.

PROCEDURE:

I. If a patient is suspect to be infested with any form of pediculosis, examination of the patient will be conducted without delay by the medical/nursing staff.

II. If a patient is positively identified as being infected with pediculosis, the following steps need to be instituted:

A. If the nurse makes the identification of the infested patient and the physician is not available in house, the charge nurse must notify the physician on call for a phone order for treatment. A physician order for proper treatment will be written on the patient's chart.

B. The patient will be transferred to the medical treatment unit until treatment is completed.

C. The patient will be given clear instructions on proper use of the pediculicide. There should be nursing supervision of the treatment procedure to ensure it is completed correctly, with assistance as needed.

D. If nursing staff assists the patient, they must wear personal protective equipment, including but not limited to gown, gloves, and head coverings. The personal protective equipment used should be removed before leaving the patient areas, placed in a plastic bag, sealed and disposed of in the biohazard waste.

III. For treatment of pediculosis capitis (lice) or pediculosis pubis (crabs), the medication used is NIX CREAM RINSE:

A. Wash hair with regular shampoo, rinse with water and towel dry.

B. Apply a sufficient amount of NIX to saturate the hair. In the case of pediculosis capitis, take care to saturate the scalp behind the ears and on the nape of the neck.

C. Leave on hair for ten minutes and no longer. Avoid contact to the eyes.

D. Rinse with water.

E. Instruct patient to not shampoo hair for two days.

F. For proper pediculosis management, instruct the patient to use the nit comb provided in the NIX box to remove the dead nits.

G. To prevent possible re-infestation, the patient should be retreated in seven to ten days after the initial treatment.

IV. For the treatment of pediculosis corporis (scabies), the medication used in ELIMITE:

A. With nurse assistance as necessary, the ELIMITE CREAM must be thoroughly massaged onto the patient's skin from the head to the soles of the feet, excluding hairy parts of the body. Avoid contact to the eyes.

B. Advise the patient that itching, mild burning, and/or stinging may occur after the application of ELIMITE CREAM.

C. The cream is left on the body for eight to fourteen hours then removed by bathing or showering.

D. The patient should be re-evaluated in seven to ten days for possible re-infestation.

V. Environmental clean up: application of the pediculicide should be combined with the cleaning of recently worn clothing, bedding, furniture, combs, and headgear. The patient should be involved in the environmental clean up as much as physically possible, as long as it does not interfere with the patient's treatment program.

A. Any clothing that can be washed should be laundered in hot for 20 minutes (two wash cycles). Items must be transferred to the washroom in sealed plastic bags. Any items or clothing that cannot be laundered can be tumbled in hot clothes dryer for 20 minutes or sealed in a plastic bag for three weeks, by which time any viable nits will hatch and subsequently die.

B. Personal care items, such as combs and hairbrushes, need to soak in hot water for 20 minutes

C. The bathroom where the application of the pediculicide medication occurred is immediately cleaned following treatment. Cleaning should include washing down the room with hospital strength disinfectant, and rinsed with hot water.

D. The floors, chairs, couches, and any other vacuumable surfaces that the infested patient came in contact with are thoroughly vacuumed by staff or washed with hospital strength disinfectant and hot water.

VI. The nursing staff will explain to the patient that after effective treatment, the patient may experience persistent pruritus (itching), and that this is not a sign of treatment failure.

VII. The nursing staff will document on the patient's chart of all procedures completed with the patient concerning the identification and treatment of the pediculosis, along with documentation on the Medication Administration Record (MAR) of the medication used for treatment.

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